



Otago Welfare Guardianship Trust

P.O. Box 803, Dunedin 9054, New Zealand. Email: wgtotago@gmail.com

Welfare Guardianship Request Form

Information about Yourself and Your Organisation:

Full Name _____ Title _____
Agency _____ Phone (____) _____
Email _____ Mobile (____) _____

Information about the Person who requires a Guardian:

Mr/Mrs/Ms _____ Birth Date ____/____/____
Residence/Facility Name _____ Contact Name _____
Address _____ Phone (____) _____ Ext _____
_____ First Language _____
Religion _____ Ethnicity _____
Priest/Contact _____ Phone (____) _____
Likes and Dislikes, Interests, etc _____

Urgency of Request _____ Date Required _____
Have any prior Court Applications been made Yes No
If Yes, Please supply Family Court Application or Court Order Number: _____
Has a Property Manager been appointed: Yes No Name _____

Has a professional assessment as to capacity been undertaken? Yes No

If No, then when is this assessment Scheduled? _____

Assessment Undertaken By _____ Title _____

Agency _____ Phone _____

Email _____ Mobile (____) _____

What (if any) other avenues for Welfare Guardian assistance have been investigated?

Please explain why a volunteer Welfare Guardian is sought:

Information about the Persons Relatives and Friends:

Closest Family Member _____ **Relationship** _____

Address _____ **Phone** (____) _____

_____ **Email** _____

Closest Friend/Visitor _____ **Relationship** _____

Address _____ **Phone** (____) _____

_____ **Email** _____

Any Other Significant family, Friends or other People in the Subject Person's Life:

Name _____ Address _____ Phone _____

Information about Support:

Social Worker Name _____ **Phone** (____) _____

Agency _____ **Email** _____

Doctor/Senior Medical Practitioner Dr/Mr/Mrs/Ms _____

Email _____ **Phone** (____) _____

Principal Caregiver/Residential Care Manager

Name _____ **Title** _____

Email _____ **Phone** (____) _____

Continuity of Professional Support – If the Subject Person is to be discharged from a hospital/facility or a change is proposed – the Welfare Guardian requires a handover top alternative professionals or care givers. The person making this application is required to facilitate this process to ensure adequate supports are in place. Please advise if if the current support detailed above, is likely to change.

I/We acknowledge that once the Court has appointed a Welfare Guardian with or without an order for that person to administer property under the Protection Of Personal and Property Rights Act 1988, neither the Welfare Guardian nor the Otago Welfare Guardianship Trust shall be liable in any way in respect of anything done or omitted to be done by the Welfare Guardian in the exercise of the powers conferred upon the Welfare Guardian by that Act.

Signed _____ Date ____/____/____

Authority _____